## **General Sanitation & Product Safety Division**

## REGISTRATION APPLICATION

BUDGET: ZZ109 FUND: 130 REG#:

## The Hazardous Substance Act Health and Safety Code, Chapter 501

Return this completed application form and a \$150.00 registration fee, made payable to TEXAS DEPARTMENT OF HEALTH, and mail to: Texas Department of Health, Product Safety Division, 1100 W. 49<sup>th</sup> Street, Austin, Texas 78756. For additional assistance in completing this application, phone 512/834-6600, x. 2426 or visit our website at: <a href="http://www.tdh.state.tx.us/beh/ps/hazard.htm">http://www.tdh.state.tx.us/beh/ps/hazard.htm</a>

COMPANY NAME:				
TAX I.D. # (FEDERAL OR TEXAS):		TELEPHONE: ()		
ADDRESS:(Street)	(City)		(State)	(Zip)
MAILING ADDRESS (if different):				
CONTACT PERSON / TITLE / EMAIL:	(P.O. Box or Street)	(City)	(State)	(Zip)
TYPE OF OWNERSHIP: Proprietorship	Partnership	☐ Corporation	Other _	
TYPE OF OPERATION: Manufacturer	Repackager	☐ Importer	Private La	abel Distributor
TYPE OF PRODUCT: Mark each product car repackages, imports, and/or distributes unde			ucts* that your con	npany manufactures,
Adhesives/Cements/Glues/Resins Art Material/Craft/Hobby Products Auto/Marine/Cycle Products Balloons (latex) Charcoal Briquettes/Canned Fuel Petroleum Fuels (propane, butane, keros) Other Category (describe): **Regulated products include consumer products* REGISTRATION FEE ENCLOSED: A \$150.00 check or money order payably Name on check if different from company	ts required to be labeled wit	vents Chemicals d for retail sale) th hazard warnings unde	☐ Toys w/electric ☐ Water Treatmen ☐ Leather Care Pr ☐ Chemical Fertil der state and federal h	palls, balloons, or marbles cal or heating elements nt/Pool Chemicals roducts lizer/Plant Food hazardous substance laws.
OPTIONAL ATTACHMENTS:  A list of wholly-owned subsidiaries to be businesses (company subdivisions, private law				
☐ UPC (bar code) information identifying plabel name. The list should include your co-Council) and a listing of the Universal Production	mpany's prefix ID number (	a unique number that is	s issued to your comp	
CERTIFICATION STATEMENT: I certiful on behalf of this company.	fy that I am an officer of t	this company or am o	otherwise authorize	d to sign this document
Signature:		Title:		
Name (print):		Date:		

**Privacy Notification** 

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.tdh.state.tx.us for information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)